

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>01 / 31 / 2014</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>213.55</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	<b>Transaction ID : E1867D62BEBF3428F8AB</b>
Purpose of Expenditure <b>IE-Maness-Online Processing</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate <b>Robert L Maness</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>27175.46</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Allegiance Direct LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>02 / 04 / 2014</b>	
Mailing Address <b>421 E E St</b>		Amount <b>18764.45</b>	
City <b>Purcellville</b>	State <b>VA</b>	Zip Code <b>20132-3320</b>	<b>Transaction ID : E89B633587B34801BC6</b>
Purpose of Expenditure <b>IE-Maness-Direct Mail Production</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>02 / 04 / 2014</b>
Name of Federal Candidate <b>Robert L Maness</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>45939.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>18978.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶		<b>18978.00</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Paul Kilgore</i>		Date M M M / D D D / Y Y Y Y Y Y <b>02 / 05 / 2014</b>	
		[Electronically Filed]	